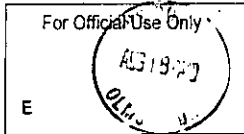


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



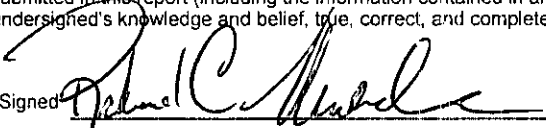
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11019	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Rich Nichols P.O. Box, Bldg., Room No., if any Street 3640 South Highland Drive City Las Vegas State Nevada ZIP Code + 4 89103-5722	4. Name, file number, and address of labor organization. Name Bricklayers and Allied Craftworkers, Local 13 Labor Organization File Number 021-572 P.O. Box, Building and Room Number, if any Street 3640 South Highland Drive City Las Vegas State Nevada ZIP Code + 4 89103-5722
5. Position in labor organization. Chapter Chairman	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/12/2005 Date	702-873-0332 Telephone Number

Name of Person Filing Rich Nichols

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAC Local 13 Pension and Health Benefits Trs

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 526 S. Tonopah Drive

City Las Vegas

State Nevada ZIP Code + 4 89106

9. Business deals with

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Trustee

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Advance for International Foundation of Employee Benefit Plans 50th Annual Convention in New Orleans, Louisiana. Turned in expense report for expenses of \$1,981 and reimbursed \$519 of unused funds to the trusts.

12.b. Amount.

\$2,500

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name OBA Midwest Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 200 Street 526 S. Tonopah Drive City Las Vegas State Nevada ZIP Code + 4 89106	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Trustee
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. Meals paid by third party administrator to discuss operating efficiency of trust and administration of member benefits. 12.b. Amount. \$116